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Bib Data Sheet

CONFIRMATION NO. 9873

SERIAL NUMBER 10/739,206	FILING DATE 12/19/2003  RULE	CLASS 248	GROUP ART UNIT 3632	ATTORNEY DOCKET NO. DET1927
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

None AG 3/2/06

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

None AG 3/2/06

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 03/31/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>	MI	4	15	2

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## TITLE

Tissue paper supporting assembly

FILING FEE  RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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